Alameda County Behavioral Health Care Services
Alcohol & Drug Division (SUD)
CLIENT EPISODE OPENING
DATA ENTRY FORM
Confidential Patient Information
See Welfare & Institution Code 5328

Data Entry Initials: ___ ___ ___

Client Number: ___ __ __ __ __ __ __ __

Reporting Unit Number: ___ __ __ __ __ __

Client Name: Last _____ First _____ MI: _____

Screen 1

1. *Admit Date: ___ ___   ___ ___   ___ ___ ___ ___
        Month   Day   Year

> DSM4 code fields used prior to April 1, 2017

2. Axis I: Field not used   II: Filed not used

3. *Staff #: ___ ___ ___ ___ ___ **4:** *Referred From: ___ ___

5. Admission Status: ___

6. Initial Admission (Y/N): ___

> If #4= (1, 2, 23, or 24), **CANNOT** enter '1' in field #7(Admission Legal Status)

7. *Admission Legal Status: ___

8. *Admission Employment Status: ___ ___

9. *Number of Children in Household: ___ ___

10. Number of Children Under 3: ___ ___

11. *Client Pregnant at Admission (Y/N/Z1): ___ ___

12. *Client Homeless at Admission: ___

> **ONLY** used by Out-off-County Providers: otherwise use Z2

13. Arrests in Last 24 Months (0-99): ___ ___

14. *Special Contract County: _Z2_ Number: _Z2_   **15.** *CalOMS Zip Code: ___ ___ ___ ___ ___

> If item #12 = 1, CalOMS Zip must be all zeros

16. ICD-10 DSM 5 Diagnosis Pri: ___ ___ ___ ___ ___   Sec: ___ ___ ___ ___ ___

> As of April 1st 2017 enter the ICD10 Codes per the QA guidelines

Primary Dx: Diagnoses description auto populates from Dx field 1
Secondary Dx: Diagnoses description auto populates from Dx field 2

17. Coded Remarks:

    *CDC#(#/Z0/Z1/Z2/Z4) ___ ___ ___ ___ ___

    *Veteran (Y/N/Z0/Z4) ___ ___

Perinatal:

    Case Mgt: _____

    Indicator 1: _____

    Indicator 2: _____

    *Medi-Cal Eligible (Y/N/Z4) _____

    *CalWORKs Recipient: (Y/N/Z1): _____

    *CalWORKs Sub Abuse Trmt (Y/N/Z1): _____

REFER TO CODES ON THE BACK

Screen 2

> Only use Screen 2 if #5/ Admission Status = 1

18.* No. of Prior Admits (0-99/Z0/Z1/Z4): _____
19. *Medication Prescribed: _____
20.* Needles Used Past Yr. (Y/N/Z4): _____

	Primary	Secondary
21. *Problem:	_____	_____
22. *Route of Administration:	_____	_____
23.* Frequency of Use (0-30):	_____	_____
24. *Age of First Use (Yrs/Z4):	___ ___ ___	___ ___ ___

Enter Primary/ Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, 17, 20, Z3)

*Primary Drug Name _____
 Secondary Drug Name _____

Screen 3

In last 30 days, # of:

25. *Alcohol Frequency (#/Z2): _____
26. *IV User (#/Z0/Z4): _____
27.* Paid Days Worked (#/Z0/Z4): _____
28. *Number of Arrests (#/Z4): _____

29. *Days in Jail: (#/Z4): _____
30.* Days in Prison (#/Z4) _____
31. *Days of 12 Step/Other (#): _____
32. *Days Living with Substance User (#/Z0/Z4): _____
33. *Conflict Days with Family (#/Z0/Z4): _____

34. Physical Health Problem:
    *Emergency Room Visits (#/Z4): _____
    *Hospital Overnights (#/Z4): _____
    *Physical Problem _____
(#/Z4):

35. Mental Health Problem: _____
    *Outpatient Emergency Services (#/Z4): _____
    *Hospital/Psychiatric Facility Visits (#/Z4): _____
    *Prescribed Medication Taken (Y/N/Z4): _____

Z0 = Client Declines to State	Z1 = Not Sure/Don't' Know	Z2 = Not Applicable	Z3 = Other	Z4 = Client Unable to Answer

Highlighted Fields are mandatory.
(*) Fields are required for CalOMS data collection.   **Updated (02-2019)**   **(Screen 4 on Back)**

36. * Consent for Future Contact (Y/N):	_____	47. * Number of Children Aged 5 or Less (#/Z4):	_____
37. *Treatment Waiting Days (#/Z1/Z4):	_____	48. * Number of Children in CPS Placement (#/Z4):	_____
38. *Enrolled in Job Training (Y/N/Z0/Z4):	_____	49. * Number of Children in Placement with No Parental Rights(#/Z4)	_____
39. * Enrolled in School (Y/N/Z0/Z4):	_____	50. *CDC Number(Z2):	_____
40. * Diagnosed With Tuberculosis (Y/N/Z0/Z4):	_____	51. * Veteran(Y/N/Z0/Z4):	_____
41. * Diagnosed With Hepatitis C (Y/N/Z0/Z4):	_____	52. * Medi_Cal(Y/N/Z4):	_____
42. * Diagnosed With Sexually Transmitted Disease Y/N/Z0/Z4):	_____	53 *CalWORKs Recipient(Y/N/Z1):	_____
43. * HIV/AIDS Tested (Y/N/Z0/Z4):	_____	54. *CalWORKs Sub Abuse Trmt(Y/N/Z1):	_____
44. *HIV/AIDS Result (Y/N/Z0/Z4):	_____	55. Parolee Services network(Y/N): BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU)	_____
45. *Prior MH Diagnosis (Y/N/Z1):	_____	56. * FOTP Parolee: (Default)	**N**
46. * Number of Children Aged 17 or Less (#/Z4):	_____	57. * FOTP Priority Status: (Default)	**Z2**

CLIENT EPISODE OPENING

NOTE: The "Z4" (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of "Developmentally Disabled" or enrolled in a detoxification program.

Item 4 - Referred From

1 Fed/State Criminal Justice	10 Mental Health	19 Other
2 Local/County Criminal Justice	11 Public Guardian	20 12 Step Program
3 Self	12 Public Health/Public Health Nursing	21 SACPA /Prop36 /OTP /Probation / Parole
4 Family/Friend	13 Residential Care Facility	22 AB 109 Post Release Community Supervision
5 Employer	14 Drug Residential	23 DUI / DWI
6 School/College	15 Drug Outpatient	24 State Drug Partnership (DCP) /Adult Felon Drug Court
7 Medical; hospital/clinic/physicians/nurse	16 Alcohol Residential/Outpatient	25 Comprehensive Drug Court Implementation (CDCI) /Dependency Drug Court
8 Social Services	17 Telephone Directory	26 Dependency Court / Child Protective Services (CPS)
9 Community Agency	18 Brochure/Flyer/Newspaper/Newsletter	

Item 5 - Admission Status

1 Substance Abuser	3 Adult Child of Substance Abuser	5 Parent of Substance Abuser
2 Spouse of Substance Abuser	4 Minor Child of Substance Abuser	6 Other Co-dependent of Substance Abuser

Item 7 - Admission Legal Status

1 Not Applicable	4 Post Release Community Service AB109 or On Parole from any federal, state or legal jurisdiction can be used with Referral Code 22	7 Awaiting Trial
2 Under Parole Supervision by CDC	5 Admitted under diversion from any court	Z4 Unable to answer
3 On parole from any other jurisdiction	6 Incarcerated	

Item 8 - Admission Employment Status

01 Full time (35 hours or more per week)	04 Unemployed not in the labor force (not seeking work)
02 Part time (less than 35 hours per week)	05 Not in the labor force (not seeking work)
03 Unemployed looking for work	

Item 12 – Client Homeless at Admission

1 Homeless	2 Dependent Living	3 Independent Living

Item 14 – Special Contract County

Special Contract County – Indicate CalOMS Special Contract Number assigned by the State for Out Of County Providers only, otherwise use "Z2"

Special Contract Number – Specify the CalOMS Special Contract Number assigned by the State for Out Of County Providers only, otherwise use "Z2"

Item 17 – Coded Remarks

1-6	CDC Number (Only for clients in RU's ending in "2" BASN programs.		
10	Y- Yes a Veteran	N- No Not a Veteran	Z0- Client declined to State	Z4- Client unable to answer
17	Y – Medi-Cal Beneficiary	N – Not a Medi-Cal Beneficiary	Z4 – Client unable to answer	
22	Y – CalWORKs Recipient	N – Not a CalWORKs Recipient	Z1 – Not Sure / Don't Know	
23	Y – The Client is receiving substance abuse treatment under CalWORKs recipient's Welfare-To-Work plan.	N – The Client is not receiving substance abuse treatment under CalWORKs.	Z1 – Not Sure	

Item 19 - Medication Prescribed

01 None	02 Methadone	03 LAMM	04 Buprenorphine (Subutex)	05 Buprenorphine (Suboxone)	Z3 Other

Item 21 - Substance Problem – Primary & Secondary

01	Heroin	06	Other Amphetamines	11	Other Hallucinogens	16	Inhalants	Z1	Unknown
02	Alcohol	07	Other Stimulants	12	Benzodiazepine	17	Over the Counter	Z3	Other (specify)
03	Barbiturates	08	Cocaine/Crack	13	Other Tranquilizers	18	OxyCodone/OxyContin	22	None (Secondary Only)
04	Other Seds/Hypnotics	09	Marijuana/Hashish	14	Non-Prescription Methadone	19	Ecstasy		
05	Methamphetamines	10	PCP	15	Other Opiates and Synthetics	20	Other Club Drugs		

Item 22 - Usual Route of Administration - Primary & Secondary

1 Oral	3 Inhalant	Z2 None or not applicable
2 Smoking	4 Injection (IV or intramuscular)	Z3 Other

Item 23 - Frequency of Use in the Last 30 days - Primary & Secondary

Enter the number of days= 0-30	Z2 None or not applicable

Z0 = Client Declines to State	**Z1 = Not Sure/Don't Know**	**Z2 = Not Applicable**	**Z3 = Other**	**Z4 = Client Unable to Answer**